•	٧.													
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001 Application or Docket Number 10/029, 537 1650 -003													37	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY						
TOTAL CLAIMS			18					RATE	F	EE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 37	0.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			18 minus 20∞		· 8-			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =		0			X42=			OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+140=		OR	+280=			
• if	the difference	in column 1 is l	less than ze	ro, ente	r "O" in o	*0° in column 2		TOTAL			OR	TOTAL		
	AC		SMAL	_	П	OR	OTHER SMALL							
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST HBER OUSLY FOR	PRESENT EXTRA		RATE	TIC	DDI- DNAL EEE		RATE	ADDI- TIONAL FEE	
	Total	. 18	Minus	-2	6	- /		X\$ 9=			ОЯ	X\$18=		
AME	Independent	• /	Minus	***	3	-/		X42=		<i>]</i> :	OR	X84=	1	
Ľ		NTATION OF MI	ULTIPLE DEPENDENT CLAIM				j	+140	. T		1	+280=		
RCa 71084								101			OR	TOTAL		
V	B (Column 1) (Column 2) (Column 3)								!		OR	ADDIT. FEE	L	
AMENDMENT 8		CLAIMS REMAINING AFTER AMENDMENT		HIG NUA PREV	HEST MBER NOUSLY FOR	PRESENT		RATE	π	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
	Total	. 19	Minus	. á	20	- /		X\$ 9:			OR	X\$18=		
AME	Independent	* /	Minus	SENDEN	3	·/]	X42=			OR	X84≈		
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140:			OR	+280=		
			•					TOT ADDIT. FI	AL EE	•	OR	TOTAL ADDIT, FEE		
	·····	(Column 1)			ımn 2)	(Column 3	1	<u>'</u>						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREV	HEST MBER MOUSLY FOR	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
	Total	.02/	Minus	•0	$\circ \bigcirc$	- (]	X\$ 9=			OR	X\$18=		
AME	Independent	1.02	Minus		3	<u> </u>	1	X42=	十		OR	X84≈		
<u> </u>	PINST PRESE	NTATION OF M	ULTIPLE DE	ENDEN	IT CLAIM		J	+140=	+		OR	+280=		
* If the entry in column 1 is tess than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR OPER SEE														
_	'Il the "Highest Nu The "Highest Nun	imber Previously Pa hber Previously Pa	aid For IN THI id For (Total o	iS SPACE r Indepen	is less the dent) is the	in 3, enter "3." highest numb	er fo			riate bo		ADDIT. FEE turnn 1.		

FORM PTO-675 (Rev. 6/01)

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Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE